

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of)
WOLFE ET AL.) For: SYSTEM FOR PROVIDING
Serial No.: 10/010,587) ONLINE SERVICE REPORTS
Filed: NOVEMBER 13, 2001) Group Art Unit: 2157

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JAN 06 2005

RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attention: Barbara Burgess
Patent Examiner

Dear Ms. Burgess:

The following response is being submitted in response to the Office Action dated August 6, 2004. Applicants have not amended the claims; however, a complete listing of the original claims are provided for convenience, beginning on page 2. Please consider the follow remarks, beginning on page 6:

02/16/2005 RECD: 00000002 170026 10010537
01 FC:1252 450.00 DA

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 020075
In Re Application of: Wolfe et al
Serial Number: 10/010,587
Filed: 11/13/01
Examiner: Barbara Burgess
Group Art Unit: 2157RECEIVED
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JAN 06 2005

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	25	25	0	x \$50 =	0
Independent**	3	3	0	x \$200 =	0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes x No				\$360	0
EXTENSION FEES				<input type="checkbox"/> One Month	\$120
				<input checked="" type="checkbox"/> Two Months	\$450
				<input type="checkbox"/> Three Months	\$1020
TERMINAL DISCLAIMER				\$130	\$
				TOTAL FEE	\$450.00

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$_____.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: January 6, 2005

Signature: Thomas M. Thibault, Reg. No. 42,181
Phone No. (858) 651-2356QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
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CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: January 6, 2005

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Thomas M. Thibault
(type or print name)Signature: 

(TRANSAMD.VER1.13-04/30/04)

CONCLUSION

All of the stated grounds of rejection have been properly traversed. Applicants therefore respectfully request that the Examiner reconsider all presently outstanding rejections and that they be withdrawn. It is believed that a full and complete reply has been made to the outstanding Office Action and, as such, the present application is in condition for allowance. If the Examiner believes, for any reason, that personal communication will expedite prosecution of this application, the Examiner is invited to telephone the undersigned at the number provided.

Respectfully submitted,

January 6, 2005



Thomas M. Thibault
Attorney for Applicants
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